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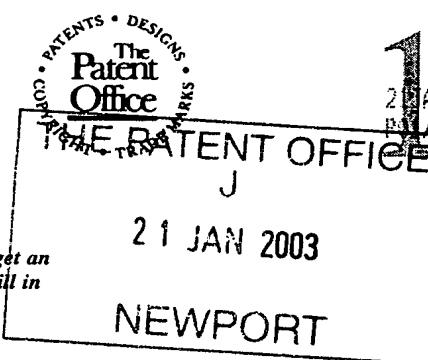
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Dated 11 May 2007

Patents Form 1/77

Patents Act 1977
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1/77
21 JAN 03 8778476-002813
P1/7709 0.00-0001278.8

Request for grant of a patent

(See the notes on the back of this form. You can also get an explanatory leaflet from the Patent Office to help you fill in this form)

The Patent Office

Cardiff Road
Newport
South Wales
NP10 8QQ

1. Your Reference

P51255D GB

2. Patent Application Number

(The Patent Office will fill in this part)

0301278.8

21 JAN 2003

3. Fill name, address and postcode of the or of each applicant (underline all surnames)

Elekta AB (publ)
P O Box 7593
S-103 93 Stockholm

Patents ADP number (*if you know it*)

8815827001

If the applicant is a corporate body, give the country/state of its incorporation

Sweden

4. Title of the invention

Computed Tomography Scanning

5. Name of you agent (*if you have one*)

Fry Heath & Spence LLP

"Address for service" in the United Kingdom to which all correspondence should be sent (*including the postcode*)

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Patents ADP number (*if you know it*)

05880273001

8459554001

6. If you are declaring priority from one or more earlier patent applications, give the country and the date of filing of the or each of these earlier applications and (*if you know it*) the or each application number.

Country

Priority application number
(*if you know it*)

Date of filing
(*day / month / year*)

7. If this application is divided or otherwise derived from an earlier UK application, give the number and the filing date of the earlier application.

Number of earlier application

Date of filing
(*day / month / year*)

8. Is a statement of inventorship and of right to grant of a patent required in support of this request? (*Answer 'Yes' if:*

Yes

- a) any applicant named in part 3 is not an inventor, or
 - b) there is an inventor who is not named as an applicant, or
 - c) any named applicant is a corporate body.
- See note (d))

Patents Form 1/77

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Continuation sheets of this form Nil

Description 6

Claims(s) 2

Abstract One

Drawing(s) 3

10. If you are also filing any of the following, state how many against each item.

Priority documents

Translations of priority documents

Statement of inventorship and right to grant of a patent (*Patents Form 7/77*) Two

Request for preliminary examination and search (*Patents Form 9/77*) One

Request for substantive examination (*Patents Form 10/77*)

Any other documents
(please specify)

11. I/We request grant of a patent on the basis of this application.

Signature

Date

My Health Spine

20 January 2003

12. Name and daytime telephone number of person to contact in the United Kingdom Michael Downing
01865 841060

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**Statement of inventorship and of
right to grant of a patent**



2079N04 B153441-1 002813
P07/7700 0.00-0301278.8 2004

The Patent Office

Cardiff Road
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1. Your Reference	P51255D GB
2. Patent Application Number (if you know it)	0301278.8
3. Fill name of the or of each applicant	Elektä AB (publ) P O Box 7593 S-103 93 Stockholm Sweden
4. Title of the invention	Computed Tomography Scanning
5. State how the applicant(s) derived the right from the inventor(s) to be granted a patent	BROWN: By virtue of employment JAFFRAY & SIEWERDSEN: by virtue of a research agreement dated 5 April 2002 VAN HERK & SONKE: by virtue of a research agreement dated 27 September 1999
6. How many, if any, additional Patents Forms 7/77 are attached to this form? (see note (c))	One additional page
7.	I/We believe that the person(s) named over the page (and on any extra copies of this form) is/are the inventor(s) of the invention which the above patent application relates to. Signature <i>Michael Downing</i> Date 19 January 2004
8. Name and daytime telephone number of person to contact in the United Kingdom	Michael Downing 01865 841060

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Enter the full names, addresses and postcodes of the inventors in the boxes and underline the surnames

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Computed Tomography Scanning

FIELD OF THE INVENTION

The present invention relates to scanning by computed tomography (CT).

BACKGROUND ART

CT scanning is a process for imaging the internal structure of a patient. In conventional CT scanning, a beam of x-rays is projected through the patient and its attenuation is measured. At the same time, the apparatus is rotated about an axis passing longitudinally through the patient. Thus, data is acquired as to the attenuation of the beam in each direction in the plane in which rotation takes place. From this data, the internal structure of the patient on that plane can be computed. The patient or apparatus is then indexed along the axis and a further plane (known as a 'slice') is then investigated. A three dimensional image of the patient can then be constructed from the various slices.

One problem is that over the time required to acquire the necessary slices, the patient is not motionless. Gross motor movement can be avoided by suitable instruction to the patient, but even so each slice is acquired at a

different phase of the breathing cycle. This results in a beating artefact due to the different frequency of breathing and slice acquisition.

Two ways have been used to solve this problem. One is to trigger the CT on a particular phase of the patients breathing. This is termed 'respiration gated CT' and implies that one CT slice is acquired for every breath. This means that it takes a long time to acquire a complete volume of data.

Another technique is to monitor the phase of the patients breathing whilst acquiring CT slices continuously. Once the data is acquired, slices that have comparable breathing phase are selected from the complete set and these are then used to visualise the volume. This has the advantage that any phase can be selected retrospectively and therefore the effect of breathing can be studied. This is termed 'respiration correlated CT'.

Conventional CT scans have the disadvantage that the resolution along the axis is poor since it corresponds to the slice thickness. It is theoretically straightforward to increase this, but doing so results in a correspondingly longer acquisition time, or the need to rotate the apparatus correspondingly faster. Both options also give rise to an attendant reduction in contrast in the measured beam. Accordingly, 'cone beam CT' methods have been developed, in which a conical beam of radiation is directed at the patient and a two-dimensional image acquired via a flat panel detector. This apparatus is then rotated around the patient axis and a three-dimensional image is reconstructed from the set of two-dimensional images. As the individual slices are eliminated, there is the same resolution in all directions of the image. Likewise, as there are no slices the above-mentioned breathing artefact is absent since there can be no variation in patient position between slices.

SUMMARY OF THE INVENTION

We have however found that there are other artefacts in the reconstructed volume data of cone beam CT systems, which we have traced to patient breathing movements. In addition, the motion is not measurable in the

reconstructed volume data. This can be a particular problem in cone beam systems due to the long time required for acquisition, typically 1-2 minutes.

The techniques used in conventional CT scanners cannot be used directly in a cone beam system as the data is acquired in 2D projection images, and therefore slices cannot be selected from the resulting data. However, respiration correlation techniques could be applied to the acquired projection images rather than the reconstructed CT volume. To achieve this, we propose monitoring the phase of the patients breathing while acquiring projection images continuously. On completion of the acquisition, projection images that have comparable breathing phases can be selected from the complete set, and these are used to reconstruct the volume data using similar techniques to those of conventional CT. An advantage is that any phase can be selected and therefore the effect of breathing can be studied.

Breath control systems are available, intended for use in conventional CT scanning, and which could be used to monitor the patient's breathing. As an alternative, however, it is possible to use a feature in the projection image(s) to determine the breathing phase. A suitable feature is the position of the patient's diaphragm. This can then be used to select the relevant images to be used in the projection process.

It is known in the field of conventional CT scanning to be advantageous to prompt the patient visually and audibly in order to ensure a regular amplitude and pattern of breathing. Techniques such as these could usefully be applied in the present invention.

Furthermore this feature in the projection images can be used to control delivery of therapeutic radiation dependent on the patient's breathing cycle, to ensure that the tumour is in the correct position when the radiation is delivered. This will provide a direct measure of the patient's breathing phase, a significant improvement as compared to current methods that use external markers affixed to the patient. The use of a 3D volume data set generated using the same

patient position and contemporaneous with the treatment will remove significant uncertainties.

The present invention further provides a radiotherapy device comprising a respiration correlated cone beam CT scanner and a source of therapeutic radiation, in which therapeutic radiation is delivered during the scan at times correlated with the patient's breathing cycle.

BRIEF DESCRIPTION OF THE DRAWINGS

An embodiment of the present invention will now be described by way of example, with reference to the accompanying figures in which;

Figure 1 is a view of a cone beam CT scanner according to the present invention, viewed along the axis of rotation thereof;

Figure 2 is a schematic view of the system incorporating such a scanner; and

Figure 3 shows a treatment apparatus including the scanner of the present invention.

DETAILED DESCRIPTION OF THE EMBODIMENT

Figure 1 shows a cone beam CT scanner. A patient 10 is supported on a couch 12 which may be of any suitable design. Couches typically allow the elevation and longitudinal position of the patient to be adjusted and this may be provided for as desired.

An x-ray source 14 is arranged to project a wide beam 16 of radiation generally directed towards the isocentre 18 of the patient. The source 14 is rotatable around the isocentre 18 on a rotational support 20. The support can, for example, be in the form of a ring or annulus around the patient 10 and couch 12 in which the source is mounted, or it can be a C-arm, or any suitable support allowing the source to rotate, or any combination thereof.

A two-dimensional flat-panel detector 22 is also mounted on the support 20, opposite the source 14 and arranged to rotate in synchronism therewith. If the support includes a C-arm then this can be achieved by mounting the detector on the opposite arm.

Thus, radiation emitted by the source 14 is partially absorbed by the patient and the attenuated signal is detected by the flat panel detector 22. The source 14 and detector 22 are then indexed rotationally and a fresh image obtained. This is repeated until sufficient images are acquired to reconstruct the volume data, typically one complete rotation.

Figure 2 shows the system as a whole. The scanner of figure 1 is shown, together with cables linking the source 14, detector 22 and rotational support 20 to a plurality of computing means 24, 26 which process the data generated including the images, source intensity (etc), and rotational support position. Data is output via any suitable means, depicted generally as a monitor 28 but not limited thereto, and the system is controlled by any suitable input means, again depicted generally as a keyboard 30 but likewise not especially limited thereto.

As mentioned above, we have found that there are artefacts in the reconstructed volume data of cone beam CT systems, which we have traced to patient breathing movements. To overcome or alleviate these, respiration correlation techniques are applied to the acquired projection images by the computing means 24, 26. This differs from conventional respiration-correlated CT scanning in acting on the acquired projection images rather than the reconstructed CT volume.

To assist in this process, a breath control system is provided at 32 to monitor the phase of the patients breathing while the projection images are acquired. On completion of the acquisition, projection images that have comparable breathing phases can be selected from the complete set, and these are used to reconstruct the volume data using cone beam CT techniques. As a

result, any phase or range of phases can be selected and therefore the effect of breathing can be studied if desired.

As an alternative to the breath control system, it is possible to use a feature in the projection image(s) to determine the breathing phase, such as the position of the patient's diaphragm. This can then be used to select the relevant images to be used in the projection process.

An alert system including a light 34 and a buzzer 36 is provided, to prompt the patient visually and audibly in order to ensure a regular amplitude and pattern of breathing. Other alerts could of course be employed, such as other forms of visible prompts including (for example) movable devices, and other forms of audible prompts including (for example) speakers, percussive devices or any other form of controllable sound generation apparatus.

Figure 3 shows a system including a therapeutic source of radiation 38 arranged to emit a suitably collimated beam of therapeutic radiation 40. This allows simultaneous scanning and treatment. If the radiation from source 14 continues during the treatment the selected feature (above) in the projection images can be used to control delivery of therapeutic radiation from the source 38, dependent on the patient's breathing cycle. This ensures that the tumour is in the correct position when the radiation is delivered. This will provide a direct measure of the patient's breathing phase, a significant improvement as compared to current methods that use external markers affixed to the patient. The use of the same direct measure of the patient's breathing phase and patient position to generate the 3D volume data set and control the treatment delivery will remove significant uncertainties.

It will of course be understood that many variations may be made to the above-described embodiment without departing from the scope of the present invention.

CLAIMS

1. A respiration correlated cone beam CT scanner.
2. A method of cone beam CT scanning including respiration correlation.
3. A method of cone beam CT scanning in which respiration correlation techniques are applied to the acquired two-dimensional projection images.
4. A method of cone beam CT scanning according to claim 3 in which the phase of the patient's breathing is monitored continuously during acquisition of projection images.
5. A method of cone beam CT scanning according to claim 4 in which projection images that have comparable breathing phases are selected from the complete data set on completion of the acquisition and are used to reconstruct the volume data.
6. A method of cone beam CT scanning according to claim 4 or claim 5 in which a feature in the projection image(s) is used to determine the breathing phase.
7. A method of cone beam CT scanning according to claim 6 in which the feature is the position of the patient's diaphragm.
8. A method of cone beam CT scanning according to any one of claims 2 to 7 in which visual and/or audible prompts are provided for the patient's breathing.
9. A cone beam CT scanner according to claim 1 or a method of cone beam CT scanning according to any one of claims 2 to 8 in which therapeutic radiation is delivered during the scan at times correlated with the patient's breathing cycle.
10. A cone beam CT scanner including means for acquiring information as to the patient respiration cycle and means for selection of acquired two-

dimensional projection images from the set of data acquired during a scan on the basis of the respiration cycle information.

11. A cone beam CT scanner according to claim 10 adapted to monitor the phase of the patient's breathing continuously during acquisition of projection images.
12. A cone beam CT scanner according to claim 11 arranged to select projection images that have comparable breathing phases from the complete data set on completion of the acquisition and to use these to reconstruct the volume data.
13. A cone beam CT scanner according to claim 11 or claim 12 including means for detecting a respiration-cycle-correlated feature in the projection image(s) thereby to determine the breathing phase.
14. A cone beam CT scanner according to claim 13 in which the feature is the position of the patient's diaphragm.
15. A cone beam CT scanner according to any one of claims 9 to 14 including means to provide visual and/or audible prompts for the patient's breathing.
16. A radiotherapy device comprising a respiration correlated cone beam CT scanner and a source of therapeutic radiation, in which therapeutic radiation is delivered during the scan at times correlated with the patient's breathing cycle.
17. A cone beam CT scanner substantially as described herein with reference to and/or as illustrated in the accompanying figures.
18. A method of cone beam CT scanning substantially as described herein with reference to and/or as illustrated in the accompanying figures.

ABSTRACT

COMPUTED TOMOGRAPHY SCANNING

Artefacts in the reconstructed volume data of cone beam CT systems can be removed by the application of respiration correlation techniques to the acquired projection images. To achieve this, the phase of the patients breathing is monitored while acquiring projection images continuously. On completion of the acquisition, projection images that have comparable breathing phases can be selected from the complete set, and these are used to reconstruct the volume data using similar techniques to those of conventional CT. Any phase can be selected and therefore the effect of breathing can be studied. It is also possible to use a feature in the projection image(s) such as the patient's diaphragm to determine the breathing phase. This feature in the projection images can be used to control delivery of therapeutic radiation dependent on the patient's breathing cycle, to ensure that the tumour is in the correct position when the radiation is delivered.

(Fig 1)

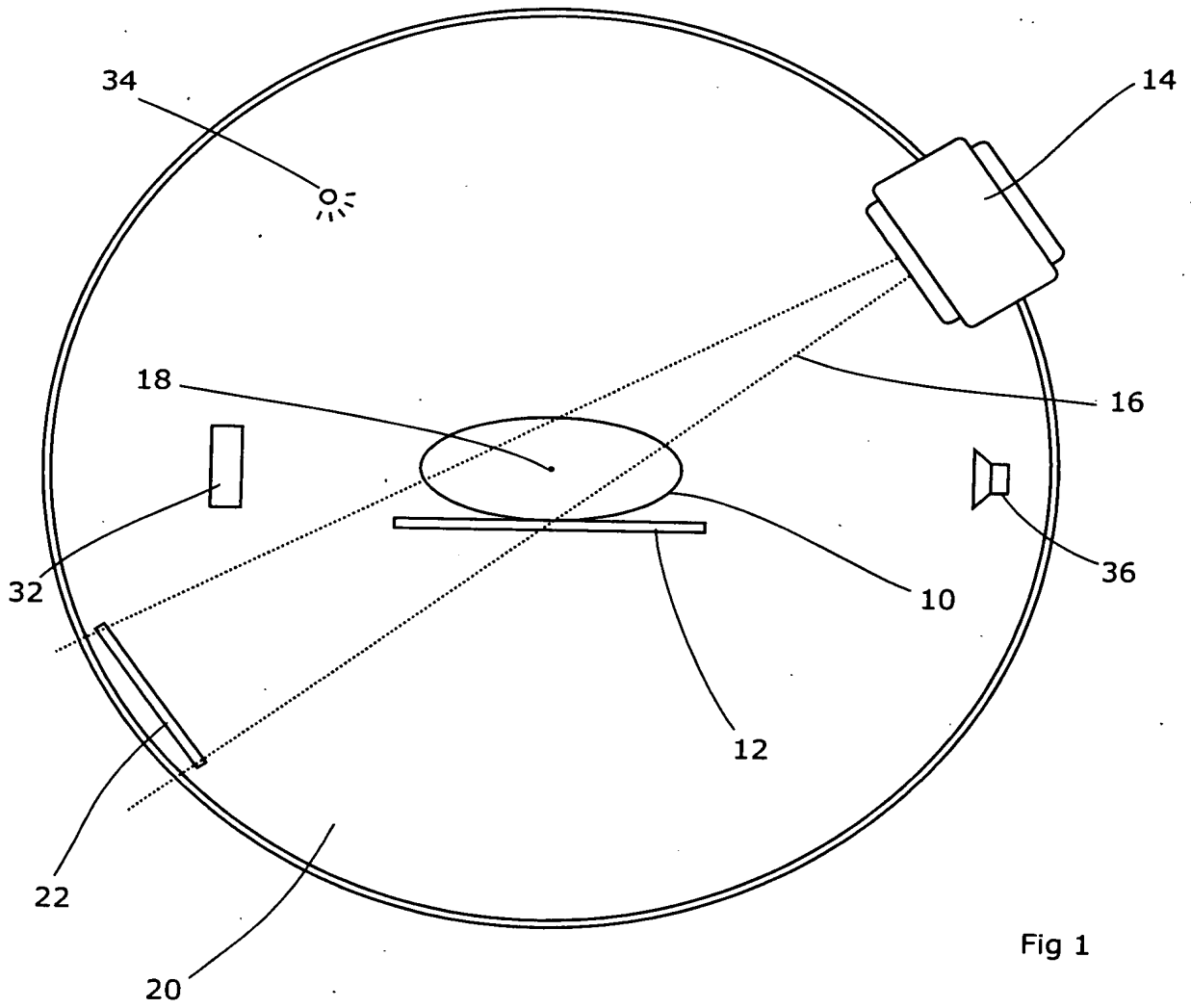


Fig 1

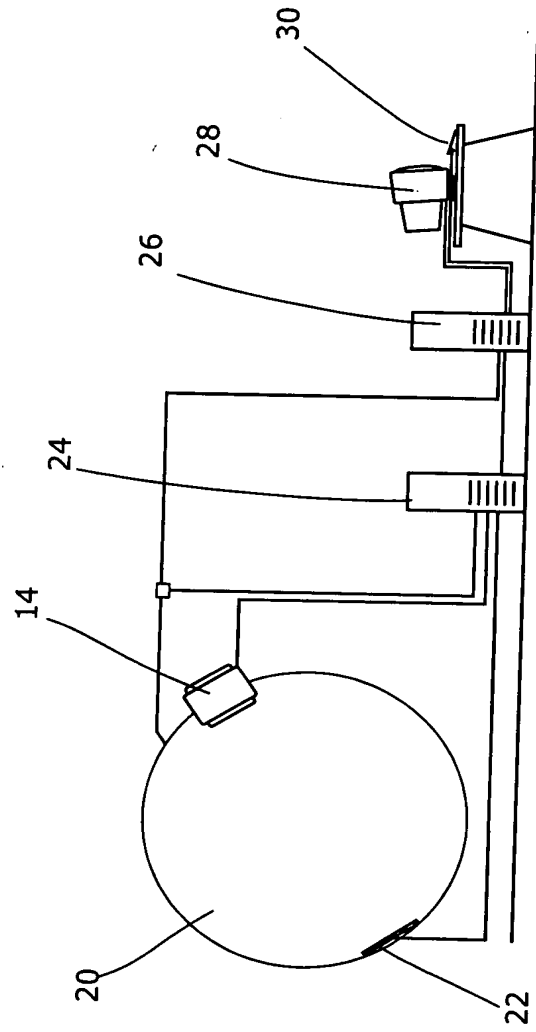


Fig 2

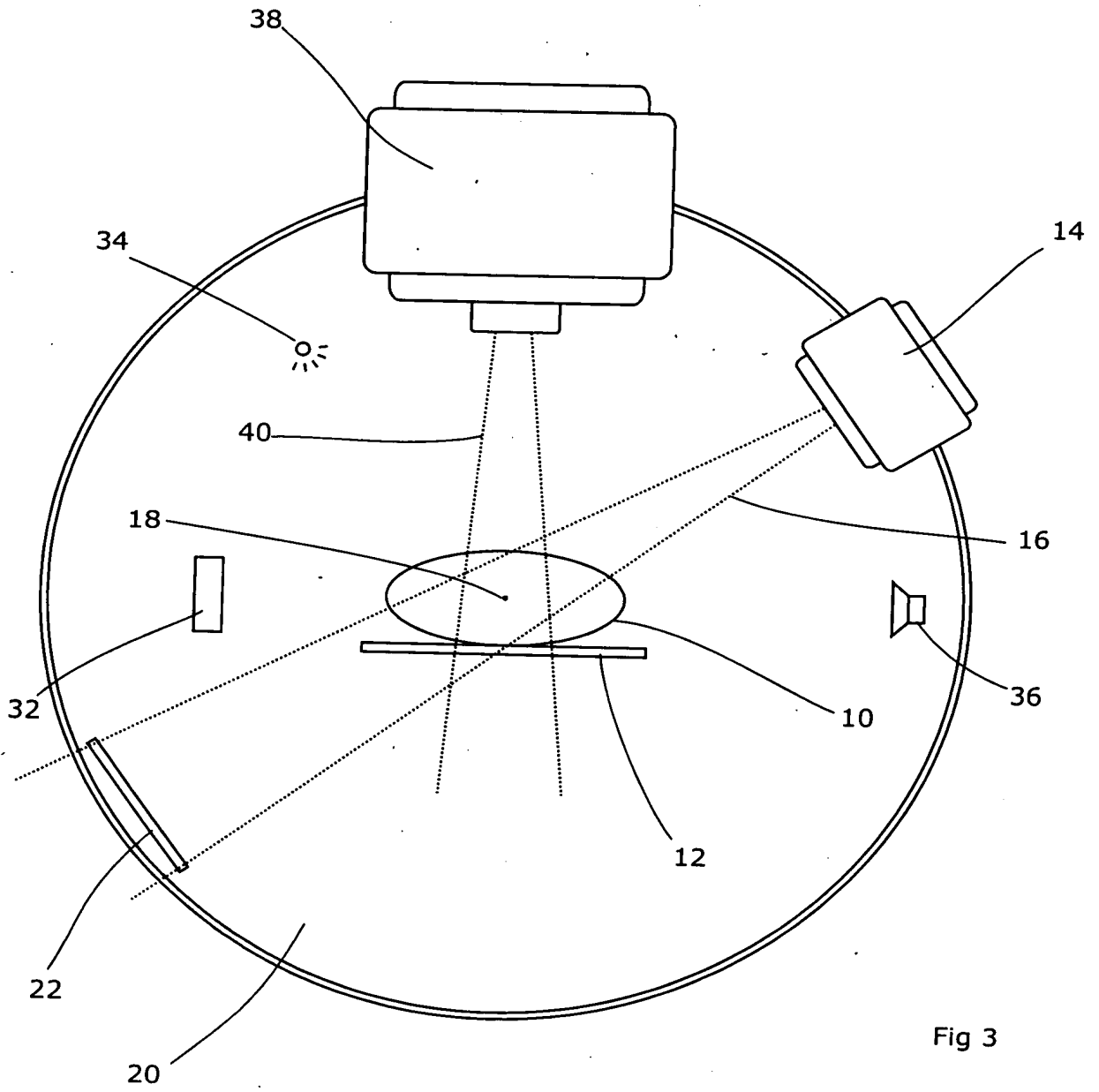


Fig 3